U mrepreu 1/24/09 & Cran PRINTED: 01/27/2009 B, sau of Licensure and Certification FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS2833HIC NAME OF PROVIDER OR SUPPLIER 01/08/2009 STREET ADDRESS, CITY, STATE, ZIP CODE AND YOUR HOME TOO 1 1590 PALOMINO DR HENDERSON, NV 89015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) H 000 Initial Comments H 000 This Statement of Deficiencies was generated as a result of a State Licensure Survey and a Complaint Investigation conducted in your facility on August 26, 2008 and completed on January 8, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. Complaint NV00018418 was substantiated. See Tag H0017. A) I directed caregivers to assist residents in H 017 Director Duties-Protective Supervision H₀₁₇ NAC 449.15523 Director: Duties. (NRS 449.249) nedications as ordered The director of a home shall: 3. Ensure that the residents of the home: d log on MART (b) Receive: (3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being. ss given to Caregivers This Regulation is not met as evidenced by: Based on record review and interview from 8/28/08 to 1/8/09, the director failed to maintain a resident's physical well-being by not f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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X6) DATE

If continuation sheet 1 of 3

| STATEMENT OF DEFICIENCIES MOPLAN OF CORRECTION (X1) PROVIDER SUMMER: MANE OF PROVIDER OR SUPPLIER AND YOUR HOME TOO 1 STREET ADDRESS, CITY, STATE, ZIP CODE 1580 PALOMINO DR HENDERSON, NY 89015 STREET ADDRESS, CITY, STATE, ZIP CODE 1590 PALOMINO DR HENDERSON, NY 89015 PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) H 017 Continued From page 1 administering a medication as ordered. Findings include: Multiple medical, pharmacy and facility records were reviewed. The records revealed the following: - According to hospital records, Resident #1's valproic acid levels were 66.7 on 5/18/08. - Resident #1 was discharged from the hospital and admitted to the facility on 5/23/08. The resident had an order for valproic acid 250mg per 1mit to be taken as 10mil twice a day and 15mil once a day for a total of 35mil per day. - Pharmacy records indicated that 245mil was dispensed on 5/22/08 and picked up on 8/23/08. - The facilitys medication administeration record (MAR) for Resident #1 indicated the valproic acid was administered as prescribed on 5/23/08. The MAR had no further entries for the medication. - Resident #1 was readmitted to the hospital the evening of 5/28/08 with grand mal selzures. Emergency physician notes indicated, The patient did have a total body tonic clonic seizure in the emergency department after an intravenous catheter was established and the patient was placed on a monitor. and given Depakote (valproic acid) to correct his Depakote absence at this point: and given Depakote (valproic acid levels was less than 10. Laboratory records indicated the reference range for valproic acid was 50-100. - Resident #1 was administered as dose of valproic acid levels was placed levels | Bureau of Licensure and Certification | | | | | | FORM APPROVE | | | |
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| AND YOUR HOME TOO 1 SUMMARY STATEMENT OF DEFICIENCES 1500 ALOMINO DR HENDERSON, WY 39015 HOT CONTINUED FROM DESCRIPTION OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY YULL REGULATORY OR ISC IDENTIFYING INFORMATION) HOT Continued From page 1 administering a medication as ordered. Findings include: Multiple medical, pharmacy and facility records were reviewed. The records revealed the following: - According to hospital records, Resident #1's valproic acid levels were 88.7 on 5/18/08 Resident #1 was discharged from the hospital and anorder for valproic acid 250mg per 1ml to be taken as 10ml twice a day and 15ml once a day for a total of 35ml per day Pharmacy records indicated that 245ml was dispensed on 5/23/08 The facility's medication administration record (MAR) for Resident #1 indicated the valproic acid was administered as prescribed on 5/23/08. The MAR had no further entries for the medication. - Resident #1 was re-admitted to the hospital the evening of 5/28/08 with grand mal seizures. Emergency physician notes indicated, "The patient did have a total body tonic-clonic seizure in the emergency department after an intravenous catheter was setablished and the patient was placed on a monitorand given Depakote (valproic acid was set shall 10. Laboratory records indicated the reference range for valproic acid was sol-100. - Resident #1 was administered a dose of | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) | | IDENTIFICATION NUMBER: | | A. BUILDING | | | | | |
| AND YOUR HOME TOO 1 1589 PALOMINO OR HENDERSON, NV 89015 CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (PACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR ISC IDENTIFYING INFORMATION) H 017 Continued From page 1 administering a medication as ordered. Findings include: Multiple medical, pharmacy and facility records were reviewed. The records revealed the following: - According to hospital records, Resident #1's valproic acid levels were 86.7 on 5/18/08. - Resident #1 was discharged from the hospital and administed to the facility on 5/23/08. The resident had an order for valproic acid 250mg per limit be betaken as 10ml twice a day and 15ml once a day for a total of 35ml per day. - Pharmacy records indicated that 245ml was dispensed on 5/22/08 and picked up on 5/23/08. - The facility's medication administration record (MAR) for Resident #1 indicated the valproic acid was administered as prescribed on 5/23/08. The MAR had no further entires for the medication. - Resident #1 was re-admitted to the hospital he evening of 5/28/08 with grand mal seizures. Emergency physician notes indicated, "The patient did have a total body tonic-clonic seizure in the emergency department after an intravenous catheter was established and the patient was placed on a monitorand given Depakote (valproic acid) to correct his Depakote absence at this point." - On 5/29/08 at 1:35AM, Resident #1's valproic acid level was less than 10. Laboratory records indicated at memory records indicated and representation of the reference range for valproic acid was 50-100. - Resident #1 was administered a dose of | NAME OF PROVIDER OR SUPPLIER | | | STREET AD | DESC CITY | (| 01/08/2009 | | | |
| H 017 Continued From page 1 administering a medication as ordered. Findings include: Multiple medical, pharmacy and facility records were reviewed. The records revealed the following: - According to hospital records, Resident #1's valproic acid levels were 86.7 on 5/18/08 Resident #1 was discharged from the hospital and admitted to the facility on 5/23/08. The resident had an order for valproic acid 250mg per 1ml to be taken as 10ml twice a day and 15ml once a day for a total of 35ml per day Pharmacy records indicated that 246ml was dispensed on 5/22/08 and picked up on 5/23/08 The facility's medication administration record (MAR) for Resident #1 indicated the valproic acid was administered as prescribed on 5/23/08. The MAR had no further entries for the medication Resident #1 was re-admitted to the hospital the evening of 5/28/08 with grand mal seizures. Emergency physician notes indicated, "The patient did have a total body inonic-clonic seizure in the emergency department after an intravenous catheter was established and the patient was placed on a monitorand given Depakote (valproic acid) to correct his Depakote absence at this point." - On 5/29/08 at 1:35AM, Resident #1's valproic acid was 50-100 Resident #1 was administered a dose of | | | | 1590 PALOMINO DR | | | | | | |
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| increased to 71 by 12:00PM on 5/29/08. - Neurologist consult notes date 5/29/08 indicated Resident #1 had breakthrough seizures secondary to sub-therapeutic medication. | | Administering a meritary process of the evening of 5/28/0 Emergency physician patient did have a total the evening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/28/0 Emergency physician patient did have a total the ewening of 5/29/08 at relation was 50-100. - Resident #1 was alproic acid and his alproic acid acid acid acid acid acid acid ac | dication as ordered. dication are records, Resilvere 86.7 on 5/18/08 as discharged from the dictoral to the facility on 5/10 order for valproic action as 10ml twice of the facility on 5/10 order for valproic action administration and picked up on 8 edication administration administered as prescribed in dicated the 10 ministered as prescribed in notes indicated, "The last body tonic-clonic spartment after an was established and in a monitorand give cid) to correct his Definition of the 10 ministered and in a monitorand give cid) to correct his Definition of the 11 session of the 12 session of the 12 session of the 13 session of the 14 session of the 15/19/08. dication as ordered. | ident #1's 3. he 23/08. cid e a day per day. I5ml was 5/23/08. tion he ibed on for the hospital izures. he seizure I the en epakote 's oratory valproic se of | H 017 | B) Guarterly: Meetings will Saftey of + ac g assisting medications of importance completion of Edyth? Fiteral (Director) is responsible to Me correction | stay include curacy with and records. truck somonitor is. | | | |

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| ROVIDER OR SUPPLIER | | STREET AF | DRESS CITY | STATE ZIR CODE | 01/08/2009 | | |
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| complainant reveale the bottle of valproic Resident #1 was re- complainant reporte approximately 200m medication had beel day for the six days | ked up y after pital. The ed the imi per | | | | | | |
| | ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa During an interview complainant reveale the bottle of valproic Resident #1 was re- complainant reporte approximately 200m medication had bee day for the six days facility, only 35ml wo | Continued From page 2 During an interview with the complainant complainant revealed that when she pic the bottle of valproic acid from the facilit Resident #1 was re-admitted to the hosp complainant reported the bottle contained approximately 200ml of valproic acid. If medication had been administered at 35 day for the six days the resident was in the facility, only 35ml would have remained. | NVS2833HIC ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During an interview with the complainant, the complainant revealed that when she picked up the bottle of valproic acid from the facility after Resident #1 was re-admitted to the hospital. The complainant reported the bottle contained approximately 200ml of valproic acid. If the medication had been administered at 35mi per day for the six days the resident was in the facility, only 35ml would have remained in the | TOF DEFICIENCIES DE CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUIL A. BUILD B. WING ROVIDER OR SUPPLIER IR HOME TOO 1 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During an interview with the complainant, the complainant revealed that when she picked up the bottle of valproic acid from the facility after Resident #1 was re-admitted to the hospital. The complainant reported the bottle contained approximately 200ml of valproic acid. If the medication had been administered at 35ml per day for the six days the resident was in the facility, only 35ml would have remained in the | TOF DEFICIENCIES DEF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2833HIC ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1590 PALOMINO DR HENDERSON, NV 89015 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During an interview with the complainant, the complainant revealed that when she picked up the bottle of valproic acid from the facility after Resident #1 was re-admitted to the hospital. The complainant reported the bottle contained approximately 200ml of valproic acid. If the medication had been administered at 35ml per day for the six days the resident was in the facility, only 35ml would have remained in the | TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/LIA IDENTIFICATION NUMBER: NVS2833HIC ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1590 PALOMINO DR HENDERSON, NV 89015 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 During an interview with the complainant, the complainant revealed that when she picked up the bottle of valproic acid from the facility after Resident #1 was re-admitted to the hospital. The complainant reported the bottle contained approximately 200ml of valproic acid. If the medication had been administered at 35mil per day for the six days the resident was in the facility, only 35ml would have remained in the | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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